

INYO COUNTY BENEFITS AND COSTS 2026
BPAR ICEA EMPLOYEES

HEALTH INSURANCE - MEDICAL

Plan Type & / Contribution	Blue Shield EPO	PERS Gold (80/20 plan)	PERS Platinum (90/10 plan)
Employee Only			
County Paid Portion/ mo.	\$ 842.31	\$ 765.02	\$ 1,140.99
Employee Paid Portion/ payroll	\$ 97.19	\$ 88.27	\$ 131.65
Employee + 1 Dependent			
County Paid Portion/ mo.	\$ 842.31	\$ 765.02	\$ 1,140.99
Employee Paid Portion/ payroll	\$ 583.14	\$ 529.63	\$ 789.92
Employee + Family Coverage			
County Paid Portion/ mo.	\$ 842.31	\$ 765.02	\$ 1,140.99
Employee Paid Portion/ payroll	\$ 874.71	\$ 794.45	\$ 1,184.87

County shall pay 80% of employee only premium (PERS plans) for health benefits.

HEALTH INSURANCE – DEDUCTIBLE REIMBURSEMENT

County reimburses 50% of each deductible met for employee and dependent coverage enrolled in PPO plans.

DENTAL INSURANCE – Delta Dental

\$15.00/mo.

Employees may opt into dental for employee and dependents at their own expense.

VISION INSURANCE – Vision Service Plan

\$0.00/mo.

Employees may opt into vision for employee and dependents at their own expense.

SHORT-TERM DISABILITY

County pays for employee (to a maximum of the current State of CA rate).

WELLNESS BONUS PROGRAM

The County will reimburse employees up to a maximum of \$500 per calendar year. See Wellness Affidavit Form for activities subject for the reimbursement.

AIRMEDCARE NETWORK

The County shall pay to provide insurance covering the cost of air ambulance transport from the region to remote treatment facilities for the employee (and their family) so long as they are employed by Inyo County.

LONGEVITY PAY

1% at 6 years of service, thereafter employee will receive a half percent (0.5%) increase every year until employee reaches a total of 8% and 20 years of services.

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VACATION/SICK LEAVE

Employees shall receive prorated vacation and sick leave.

HOLIDAYS

12 days per year

FLEX DAYS

5 days per fiscal year (does not accrue)